

040904

17364 U.S. PTO

Practitioner's Docket No. 1030.004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

15364 U.S. PTO
10/821745
040904

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Michael E. Snyder; Eric M. Dobrusin

For (title): SUSTAINED RELEASE SURGICAL DEVICE AND METHOD OF MAKING AND
USING THE SAME

1. Type of Application

This application is for an original (nonprovisional).

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153
(Design) Application

13 Page(s) of Specification

6 Page(s) of Claims

3 Sheet(s) of Drawing(s)--Formal (Figs. 1-9)

EXPRESS MAILING UNDER 37 C.F.R. § 1.10*(Express Mail label number is *mandatory*.)(Express Mail certification is *optional*)

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date
4.9.04 in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. EL994649919US

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B. Other Papers Enclosed

3 Page(s) of declaration and power of attorney - unexecuted
1 Page(s) of abstract
3 Page(s) of Application Data Sheet (ADS)

3. Declaration or Oath

Enclosed and unexecuted.

4. Language

English

5. Fee Calculation (37 C.F.R. § 1.16)

Regular Application

CLAIMS AS FILED										
Number Filed			Number Extra			Rate		Basic Fee 37 C.F.R. § 1.16(a) \$770.00		
Total										
Claims (37 C.F.R. § 1.16(c))		20	–	20	=	0	x	\$ 18.00	=	\$ 0.00
Independent										
Claims (37 C.F.R. § 1.16(b))		3	–	3	=	0	x	\$ 86.00	=	\$ 0.00
Multiple Dependent										
Claim(s), if any (37 C.F.R. § 1.16(d))								\$ 280.00	\$	0.00

Filing Fee Calculation

\$385.00

6. Fee Payment Being Made at This Time

Enclosed

Filing Fee

\$385.00

Total Fees Enclosed

\$385.00

7. Method of Payment of Fees

Attached is a check in the amount of \$385.00.

Charge any additional fees required by this paper or credit any overpayment to deposit account no. 50-1097.

8. Instructions as to Overpayment

Refund.

**ADDED PAGES FOR APPLICATION TRANSMITTAL WHERE BENEFIT OF PRIOR U.S.
APPLICATIONS CLAIMED
(37 C.F.R. § 1.78)**

9. Relate Back

A. 35 U.S.C. § 119(e)

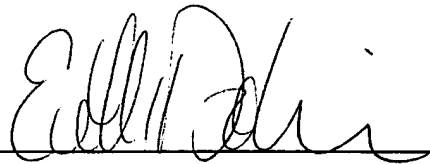
"This application claims the benefit of U.S. Provisional Application Nos.:

APPLICATION NO.	FILING DATE
60/462,284	04/11/2003"

Language of prior filed provisional application

The above identified prior filed provisional application, namely application 60/462,284, filed 04/11/2003, whose benefit is being claimed was filed in the English language.

Date: 9 April 2004



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